

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 2101 East Jefferson Street, Rockville, Maryland 20849

2008 Summary of Benefits HOWARD COUNTY GOVERNMENT HMO SEL – Mid-Large Groups (\$10/\$20) (Maryland)

The following is a limited description of benefits offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS). Not all services and procedures are covered by your benefits contract. This Summary of Benefits is for comparison purposes only and does not create rights not given through the benefit plan.

Consurance (Plan pays / Member pays) Consurance (Plan pays / Member pays) Consurance (Plan pays / Member pays) Deductible None Maximum Annual Copayment Individual: \$3.500 Family: \$9.400 Individual: \$1.500 Family: \$1.500 F	PLAN DETAILS	
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Maximum Annual Copayment		'
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External prosthetics No charge		No charge
	External prosthetics	No charge

MD/HMO/\$10-\$20 (2008)

BENEFITS	MEMBER PAYS
Vision	MEMBERTATO
Office visit for medical conditions of the eye	\$10 per visit (PCP) / \$20 per visit (Specialty)
Routine eye refractions to determine need for vision	\$10 per visit with Optometrist
correction	\$20 per visit with Ophthalmologist (referral required)
Eyeglass frames and lenses	Member receives 25% discount from Plan Providers
(limited to one pair of glasses per contract year)	
Contact lenses	Member receives 15% discount on initial pair of contact lenses only
Prescription Drugs	
Covered prescription drugs (up to a 60-day supply, includes	Plan Pharmacy & Mail Order –
Viagra)	\$10 Generic / \$20 Brand
• ,	Participating Network Pharmacy –
	\$16 Generic / \$32 Brand
RIDERED BENEFITS	MEMBER PAYS
RIDERED BENEFITS Complementary Alternative Medicine	MEMBER PAYS
	MEMBER PAYS \$15 per visit
Complementary Alternative Medicine	
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year) Acupuncture Services	
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year)	\$15 per visit
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year) Acupuncture Services (Limited to 20 visits per contract year) Hearing Aids	\$15 per visit \$15 per visit
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year) Acupuncture Services (Limited to 20 visits per contract year) Hearing Aids Hearing Tests	\$15 per visit \$15 per visit \$20 per visit
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year) Acupuncture Services (Limited to 20 visits per contract year) Hearing Aids Hearing Tests Hearing aids for children under age 18	\$15 per visit \$15 per visit
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year) Acupuncture Services (Limited to 20 visits per contract year) Hearing Aids Hearing Tests Hearing aids for children under age 18 (Health Plans pays up to a benefit maximum of \$1,400 per	\$15 per visit \$15 per visit \$20 per visit
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year) Acupuncture Services (Limited to 20 visits per contract year) Hearing Aids Hearing Tests Hearing aids for children under age 18 (Health Plans pays up to a benefit maximum of \$1,400 per hearing aid for each hearing-impaired ear every 36 months.)	\$15 per visit \$15 per visit \$20 per visit No charge up to Health Plan maximum payment
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year) Acupuncture Services (Limited to 20 visits per contract year) Hearing Aids Hearing Tests Hearing aids for children under age 18 (Health Plans pays up to a benefit maximum of \$1,400 per hearing aid for each hearing-impaired ear every 36 months.) Hearing aids for Members age 18 and older	\$15 per visit \$15 per visit \$20 per visit
Complementary Alternative Medicine Chiropractic Services (Limited to 20 visits per contract year) Acupuncture Services (Limited to 20 visits per contract year) Hearing Aids Hearing Tests Hearing aids for children under age 18 (Health Plans pays up to a benefit maximum of \$1,400 per hearing aid for each hearing-impaired ear every 36 months.)	\$15 per visit \$15 per visit \$20 per visit No charge up to Health Plan maximum payment

This Benefit and Service Summary does not fully describe the exclusions and limitations associated with your Kaiser Permanente coverage. For a full list of the general and benefit specific exclusions under your coverage, please refer to your KFHP-MAS Evidence of Coverage (EOC). Your EOC provides you with information on what services and supplies will not be covered, regardless of whether the service is medically necessary.

NOTE: This Summary of Benefits is for comparison purposes only and does not create rights not given through the benefit plan.

MD/HMO/\$10-\$20 (2008)